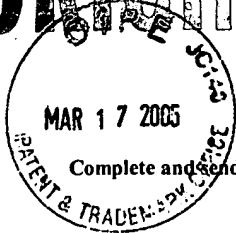


ORIGINAL

03-18-05



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

Mail Stop ISSUE FEE
Commissioner for Patents
Alexandria, Virginia 22313-1450
(703) 746-4000

Or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Block 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (note: Legibly mark-up with any corrections or use Block 1)

ORRICK, HERRINGTON & SUTCLIFFE, LLP
666 Fifth Avenue
New York, New York 10103-0001

03/21/2005 RHEBRAH1 00000071 150665 10033692

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 30.00 DA

Note: A certificate of mailing can only be used for domestic mailing of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawings, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in tan envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sharon Leachman (Depositor's name)
Sharon B. Leachman (Signature)
March 17 2005 3-17-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/033,692	12/21/01	Renzo DAL MOLIN	8707-2135	8583

TITLE OF INVENTION:

MEASUREMENT OF THE COMPLEX IMPEDANCE OF A LEAD FOR AN ACTIVE IMPLANTABLE MEDICAL DEVICE, IN PARTICULAR OF PACEMAKER, DEFIBRILLATOR AND/OR CARDIOVERTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE
Nonprovisional	NO	\$1400	\$300	\$1700	05/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
Mullen, Kristen Droesch	3762	607-028000

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Orrick Herrington &
2. Sutcliffe, LLP
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ELA Medical S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Montrouge, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s)

- ☐ A check in the amount of the fee(s) is enclosed
☐ Payment by credit card. Form PTO-2038 is attached
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0665 (enclose an extra copy of this form).

5. Change of Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the application; a registered attorney or agent; or the assignee or other party in interest as shown by records of the United States Patent and Trademark Office.

Authorized Signature

Date March 16, 2005

Typed or Printed name Robert M. Isackson Esq.

Registration No. 31,110

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is the file (and by the USPTO to process) as application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ORIGINAL



PATENT APPLICATION
Attorney Docket No.: 8707-2135
140-Impédance Sonde

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Renzo Dal Molin
Application: : 10/033,692
Filed : December 21, 2001
For : MEASUREMENT OF THE COMPLEX
IMPEDANCE OF A LEAD FOR AN ACTIVE
IMPLANTABLE MEDICAL DEVICE, IN
PARTICULAR OF PACEMAKER,
DEFIBRILLATOR AND/OR CARDIOVERTOR
Group Art Unit : 3762
Examiner : Mullen, Kristen Droesch
Confirmation No. : 8583
Date Notice of Allowance Mailed : February 24, 2005

March 17, 2005
New York, New York

Commissioner of Patents
Mail Stop: Issue Fee
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR §1.311)

Applicant hereby pays the issue fee for the above-identified application. Issue
Fee Transmittal PTOL-85B is attached.

EXPRESS MAIL" Label No: EL 916867708

Date of Deposit: March 17, 2005

I hereby certify that this Issue Fee Transmittal is being deposited with the
United States Postal Service "Express Mail Post Office to Addressee" service
under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner
of Patents, Mail Stop: Issue Fee, P.O. Box 1450, Alexandria, Virginia 22313-1450.


SHARON B. LEACHMAN

STATUS

Applicant is:

☐ a small entity - verified statement:

☐ attached.

☐ already filed.

☒ other than a small entity.

CALCULATION OF ISSUE FEE (37 CFR §1.18(a)-(c))

	Fee for other than small entity	Fee for small entity
<input checked="" type="checkbox"/> Regular	<input checked="" type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$700.00

ADVANCE ORDER OF COPIES

☒ Applicant hereby requests 10 uncertified copies of the patent at a cost of \$3 each (37 CFR §1.19(a)).

PAYMENT OF FEE

Issue fee required: \$1,400.00

Advance order of copies: \$30.00

Publication fee: \$300.00.

Method of payment:

☐ A Check in the amount of \$_____ is enclosed.

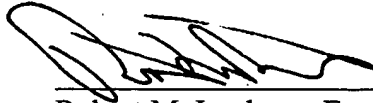
☒ A duplicate copy of this sheet is enclosed.

☒ Please charge \$ 1,730.00 to Deposit Account No. 15-0665.

ADDITIONAL FEES/CREDITS

Please charge any additional fees or credit any overpayments for this Issue Fee Transmittal to Deposit Account No. 15-0665. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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